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| <b>Case Number:</b>   | CM15-0163708 |                              |            |
| <b>Date Assigned:</b> | 08/31/2015   | <b>Date of Injury:</b>       | 04/03/2008 |
| <b>Decision Date:</b> | 09/30/2015   | <b>UR Denial Date:</b>       | 07/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/20/2015 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old female who sustained an industrial injury on 4-3-08 from cumulative trauma with gradual pain, numbness and tingling in bilateral hands and wrists with pain in her right elbow, shoulder and neck. She currently complains of stable bilateral burning neck pain with a pain level of 4 out of 10, numbness in the right upper extremity (has decreased with physical therapy and home exercise program), neck spasms also improved with treatment, she has intermittent sleep issues from right shoulder pain. She has right hand pain that is improved with joint stiffness of left carpometacarpal joint. On physical exam of the cervical spine there was limited range of motion, tenderness to palpation. Medications were Lunesta, Relafen. Diagnoses include carpal tunnel syndrome; degeneration of cervical intervertebral disc; shoulder joint pain. Treatments to date include physical therapy with benefit; home exercise program; acupuncture (completed 9 sessions as of 6-29-15) with improvement in pain, function and sleep; medications; transcutaneous electrical nerve stimulator unit; functional restoration program; left upper extremity brace. In the progress note dated 6-29-15 the treating provider's plan of care included a request for acupuncture additional 6 sessions for the neck and left hand. On 1-12-15 and 4-13-15 six sessions were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Acupuncture x9:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The July 20, 2015 utilization review denied the treatment request for acupuncture, nine visits citing CA MTUS acupuncture treatment guidelines. The reviewed medical records address the patient with chronic neck pain, cervical degenerative disc disease, right shoulder pain and bilateral carpal tunnel syndrome for which extensive passive therapies including a functional restoration program were completed in 2011. The reviewed medical records failed to identify any documented clinical evidence as to the efficacy of medicine management for the patient's condition where a clear rationale for an initial course of acupuncture. The prior medical history of treatment does include a prior course of acupuncture without subsequent documentation that applied care led to any documented functional improvement. The medical necessity for additional acupuncture care, nine visits was not supported by the reviewed medical records or consistent with the criteria for consideration of additional care per CA MTUS acupuncture treatment guidelines.